

# Exhibit 92



ABBOTT LABORATORIES INC.

Diane Latz  
Reimbursement Technician  
Abbott Home Infusion Services  
Fax: (847)937-9424

9/97  
10/97 *wn*  
Dept. H56 Bldg. AP34  
200 Abbott Park Road  
Abbott Park IL 60064-3537  
Telephone: (847)937-8308

**THIRD AND FINAL REQUEST**

October 7, 1998

Ms. Rosamaria Castaneda  
8052 S. Coles  
Chicago, IL 60617

*9/16 - 10/16/97 rec# 112121969*  
**Patient Number: 28004718**

Dear Ms. Castaneda,

Our records show an outstanding balance on your account. The total, **\$11,965.57** is now seriously past due. (Your balance due is for charges from September 1997 thru October 1997.)

On several occasions, we requested payment from you for home therapy supplies we provided to Theresa. We have not had any response from you. We are reluctant to take any action which might jeopardize your good credit rating. Since we have not heard from you, we are unfortunately in a position where we must consider placing your account with a collection agency.

However, we prefer dealing with you and believe that is also your desire. Therefore, you have fourteen (14) days from the date of this letter to contact me at (800)553-8019 x78308 regarding payment of your outstanding balance. Please leave a message on my voice mail if I am not available. Please leave a day time phone number of where I can reach you to set up payment arrangements.

Please do not take this lightly, as when one account is placed with a collection agency, it will be placed on your credit history to remain for seven (7) years. They will also begin collection activity that could lead to legal action.

Sincerely,

Diane Latz  
Reimbursement Specialist  
FINALLTR.WPS

Krystal Franklin  
Reimbursement Technician  
Abbott Home Infusion Services  
Fax: (847)937-9424

ABT-DOJ 0385101



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## ABBOTT LABORATORIES INC.

Krystal Franklin  
 Reimbursement Technician  
 Abbott Home Infusion Services  
 Fax: (847)937-9424

Dept. H56 Bldg. AP34  
 200 Abbott Park Road  
 Abbott Park IL 60064-3537  
 Telephone: (847)938-3594

July 23, 1998

**PATIENT #: 28004718**

Ms. Rosamaria Castaneda  
 8052 S. Coles  
 Chicago, IL 60617

Dear Ms. Castaneda:

We have provided home infusion services to *Alex* and have been informed by Illinois Department of Public Aid that he is not eligible for medicaid coverage. Please call us as soon as possible with any insurance or medicaid information. The balance due shown below is your financial responsibility.

<u>Service Month</u>	<u>Billed Amt</u>	<u>Amt Paid</u>	<u>Balance Due</u>
09/16/97	11446.57	.00	\$11446.57
10/16/97	519.00	.00	<u>\$519.00</u>

**Please pay this amount:****\$11965.57**

Payment may be made by check or money order. Make check or money order payable to Abbott Home Infusion Services and return it in the enclosed envelope.

**If you would like to arrange a payment plan, call me as soon as possible.**

If you have any questions, please contact me at (800)553-8019.

Sincerely,

Krystal Franklin  
 Reimbursement Technician  
 LETTERHD.WPS

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**Michelle Walton**  
Reimbursement Technician  
Abbott Home Infusion Services

ABT-DOJ 0385103

ABOTT HONE INFUSION SUCS  
DEPARTMENT H56 BLDG. AP34  
ABOTT PARK IL 60064

PATIENT: 28004718 CLAIM: 00278105 ABT

ABRAHAM OSUNA  
8052 S COLES 2ND FLR  
CHICAGO IL 60617

INSURANCE PENDING

PROCEDURE LIST CODE	NUMBER	DESCRIPTION	QUANTITY SHIPPED	UNIT PRICE	EXTENDED PRICE	RX NBR
09/16/97						
-	013570-01	PROVIDER ASU SET W/ 2	8.00	30.15	241.20	
-	013586-01	PROV AIM AC ADAPTER	1.00	94.74	94.74	
-	013594-01	PROV AIM SHL CARRYING	1.00	88.88	88.88	
-	022545-03	MASK ISOLATION W/EAR L	8.00	.63	5.04	
-	024410-01	SUTURE REMOVAL KIT	1.00	5.33	5.33	
-	025202-01	EXT SET MICRO PRIME 3"	2.00	8.24	16.48	
-	025807-01	PATIENT HANDBOOK	1.00			
-	025807-02	ANTIBIOTIC EXPLANATION	1.00			
-	025807-05	CATHETER CARE EXPLANAT	1.00			
-	025899-01	MEDISCRUB #44020:61040	1.00	13.04	13.04	
-	026353-02	UNIVL SECURMNT DEVICE	2.00	2.13	4.26	
A4454 -	024405-01	TAPE WETPROOF 1" X 5 Y	1.00	4.58	4.58	
B4220 -	021040-63	ALCOHOL-ISOPROPYL 16OZ	1.00	3.96	3.96	
B4220 -	021132-63	KU GAUZE 2" X 2" 4 PLY	25.00	.24	6.00	
B4220 -	021509-63	CLAMP DRAUGH	1.00	3.03	3.03	
B4220 -	022083-02	DRESSING KIT CLINIPAD	2.00	20.26	40.52	
B4220 -	022086-01	DRESSING TEGADERM 10CM	2.00	4.95	9.90	
B4220 -	022125-01	BANDAGE 2" X 5 YD DYNA	1.00	4.76	4.76	
B4220 -	022138-01	NDL 25G X 5/8" BD5122	100.00	.48	48.00	
B4220 -	022629-01	SYR 12ML LUER LOK SHER	100.00	1.13	113.00	
B4220 -	024499-01	CLICK LOCK MALE INJECT	4.00	3.49	13.96	
B4220 -	024598-70	GLOVES SURGEON SZ 7	5.00	1.93	9.65	
B4220 -	024605-01	SHARPS-TAINER 6.9QT BD	1.00	15.62	15.62	

ABBOTT HOME INFUSION SVCS  
DEPARTMENT H56 BLDG. AP34  
ABBOTT PARK IL 60064

PATIENT: 28004710 CLAIM: 00270105 ABT

ABRAHAM OSUNA  
8052 S COLES 2ND FLR  
CHICAGO IL 60617

INSURANCE PENDING

PROCEDURE LIST CODE	NUMBER	DESCRIPTION	QUANTITY SHIPPED	UNIT PRICE	EXTENDED PRICE	RX HDR
09/16/97						
B4224 -	024628-01	CLICK LOCK HOUSING W/2	21.00	5.68	119.28	
E0781 -	013967-02	PMP PROV AIM PLUS	30.00	17.30	519.00	
RENTAL						
J1644 -	001151-70	HEPARIN LOCK 100U/ML 10	12.00	2.74	32.88	0085600
1000U/BILL UNIT						
J1644 -	001152-70	HEPARIN LOCK 100U/ML 1	4.00	2.74	10.96	0085598
1000U/BILL UNIT						
J2912 -	007984-37	SDD CHL 0.9% 4/PK 100M	20.00	14.20	284.00	
00000 -	004888-25	SDD CHL 0.9% 10ML FTVL	25.00	2.50	62.50	0085599
00000 -	024283-88	ACYCLOVIR CPD	20.00	213.00	4260.00	0085593
570.0000 MG						
00000 -	026366-01	BATTERY "DOUBLE A"	16.00	1.00	16.00	
TOTAL SHIPPED 09/16/97					6076.57	
09/18/97						
B4220 -	024499-01	CLICK LOCK MALE INJECT	7.00	3.49	24.43	
B4220 -	024598-70	GLOVES SURGEON SZ 7	7.00	1.93	13.51	
B4220 -	024936-02	GLOVES LATEX MEDIUM	100.00	.40	40.00	
TOTAL SHIPPED 09/18/97					77.94	
09/22/97						
-	013570-01	PROVIDER ASV SET W/ 2	8.00	30.15	241.20	
-	025202-01	EXT SET MICRO PRIME 3"	4.00	8.24	32.96	
B4220 -	024499-01	CLICK LOCK MALE INJECT	8.00	3.49	27.92	
B4224 -	024628-01	CLICK LOCK HOUSING W/2	21.00	5.68	119.28	
J2912 -	007984-37	SDD CHL 0.9% 4/PK 100M	21.00	14.20	298.20	
00000 -	024283-88	ACYCLOVIR CPD	21.00	213.00	4473.00	0085593
570.0000 MG						
TOTAL SHIPPED 09/22/97					5192.56	
09/24/97						
B4220 -	022138-01	NOL 256 X 5/8" 005122	32.00	.48	15.36	
B4220 -	022629-01	SYR 12ML LUER LOK SHER	32.00	1.13	36.16	

ABOTT HOME INFUSION SVCS  
DEPARTMENT H56 BLDG. AP34  
ABOTT PARK IL 60064

PATIENT: 28004718 CLAIM: 00278105 ABT

ABRAHAM OSUNA  
8052 S COLES 2ND FLR  
CHICAGO IL 60617

INSURANCE PENDING

PROCEDURE LIST CODE	NUMBER	DESCRIPTION	QUANTITY SHIPPED	UNIT PRICE	EXTENDED PRICE	RX NBR
09/24/97						
J1644 -	001151-70	HEPARIN LOCK 10U/ML 10	2.00	2.74	5.48	0085600
	10000/BILL UNIT					
00000 -	004888-25	SOD CHL 0.9% 10ML FTVL	17.00	2.50	42.50	0085599
TOTAL SHIPPED 09/24/97					99.50	
TOTAL PATIENT 28004718					11446.57	

INVOICES PROCESSED...

00597687 00597350 00597189 00597835



ABBOTT HOME INFUSION SVCS  
 DEPARTMENT H56 BLDG. AP34  
 ABBOTT PARK IL 60064

PATIENT: 28004718 CLAIM: 00279330 ABT

ABRAHAM OSUNA  
 8052 S COLES 2ND FLR  
 CHICAGO IL 60617

INSURANCE PENDING

PROCEDURE LIST CODE	NUMBER	DESCRIPTION	QUANTITY SHIPPED	UNIT PRICE	EXTENDED PRICE	RX NBR
10/16/97						
E0781 -	013967-02	PMP PRDV AIM PLUS	30.00	17.30	519.00	00000000
RENTAL						
TOTAL SHIPPED		10/16/97			519.00	
TOTAL PATIENT		28004718			519.00	

INVOICES PROCESSED...  
 00600181